IN THE UNITED STATES PATENT AND TRADEMARK OFFICE												
In re Application of: Georg STÖPPELMANN et al						Art Unit: 1795						
Application No.: 10/526,766			PCT/EP03/09683			Examiner: John E. USELDING						
Filed: March 11, 2005 PCT DATE: September 1, 2					2003		Washington, D.C.					
For: POLYAMIDE MOLDING COMPOUNDS HAVING ULTRAFINE FILLERS .							Atty's Docket: STÖPPELMANN=2					
								Confirmation No.: 6934				
Customer Service Window, Mail Stop Amendment							Date: November 20, 2008					
Location Commissions for Patients Location Commissions C												
Sir.												
Transmitted herewith is a REPLY TO AMENDMENT AND REMARKS in the above-identified application.												
[] Small Entity Status: Applicant(s) claim small entity status. See 37 C F.R §1.27.												
[XX] No additional fee is required.												
[] The fee has been calculated as shown below												
	(Col. 1) (Col. 2) (Col. 3)				SMALL ENTITY OTHER					OTHER THAN	SMALL ENTITY	
	CLAIMS		HIGHEST NO.	PRESENT		RATE	ADDITIO		Г	RATE	ADDITIONAL	
	REMAINING AFTER		PREVIOUSLY PAID FOR	EXTRA EQUALS			FEE				FEE	
-	AMENDMENT	ļ	** 20		-		-		-			
INDEF		MINUS	** 20	0	×	26 110	\$		×	52 220	\$	
	PRESENTATION OF				- ×	195	\$		×	390	s	
ADDITIONAL FEE TOTAL \$										TOTAL	s	
"If the "Highest Number Previously Paid for I'M THIS SPACE is less than 20, wree "20" in this space. If the "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally listed. [NOI Conditional Petition for Elements on of Time If any extension of Time If any extension of time for a response is required, applicant requests that this be considered a petition therefor. [1] It is hereby petitioned for an extension of Time In accordance with 37 CFR 1.136(a). The appropriate fee required by 37 CFR 1.17 is calculated as shown below.												
	Small Entity Response Filed Within					Other Than Small Entity Response Filed Within						
	First - \$ 65.00				First - \$ 130.00							
	[] Second - \$ 245.00					[] Second - \$ 490.00						
	[] Third -	\$ 555.00			1] Thir		110.00				
	[] Fourth - \$ 865 00 [] Fourth - \$ 1730,00 Month After Time Period Set Month After Time Period Set											
	Less fees (\$) already paid formonth(s) extension of time on											
	Please charge my Deposit Account No. 02-4035 in the amount of \$											
[]] Credit card payment authorizing payment in the amount of §											
[]] A check in the amount of \$ is attached (check no).											
[xx]	[XX] The Commissioner is hearly authorized and requested to charge any additional fees which may be required in connection with this application or credit any overproprient for Deposit Account No. 02-4035. This authorization and request is not limited to purpose of all fees associated with this communication, including any Extension of time fee, not covered by check or specific authorization, but is also intervole to include alless for the presentation of each claims under 37 CFR §1.17 throughout the presecution of the claim. This blanket authorization does not include patient possessing field surface 37 CFR §1.17 throughout the presecution of the claim. This blanket authorization does not include patient issue fees under 37 CFR §1.10.											
	BROWDY AND NEIMARK, P.L.L.C.											
Altomeys for Applicant(g)												

Facsimile. (202) 737-3528 Telephone: (202) 628-5197 SN jnj